American Lung Association.

Proven Pathway

Planned Asthma Visits

The following Pathway was developed, implemented, and refined by the American Lung Association in Minnesota. The pathway is intended to give other clinics a starting point for systems-change.

Goal: Create planned "well" asthma preventive visits
Chronic Care Model: Delivery system design, self-management

Snapshot

Clinic A:

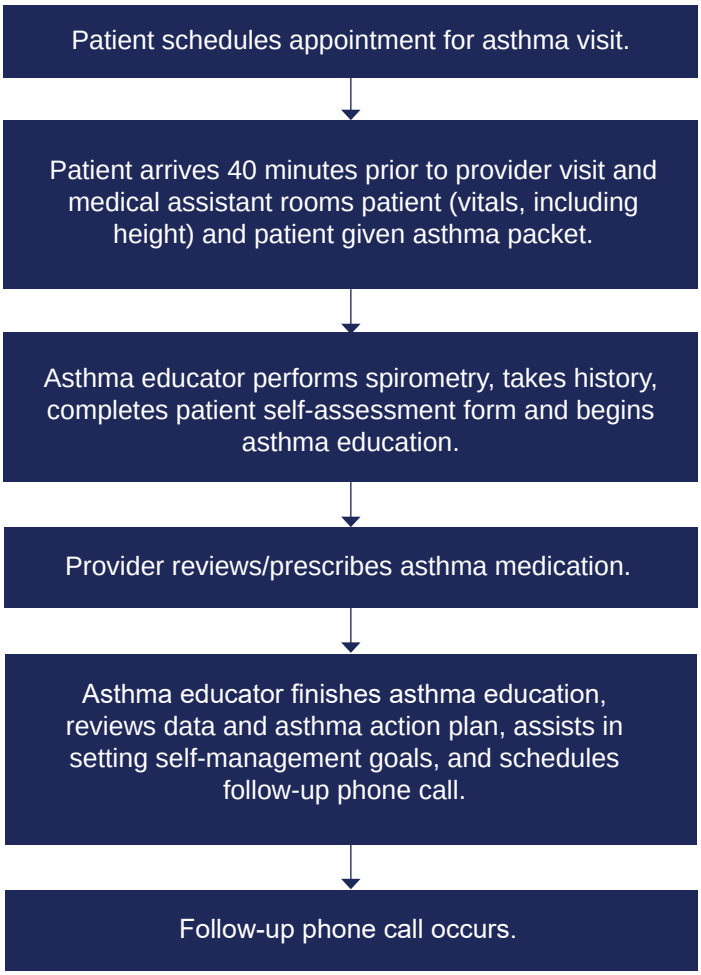
1. Planned asthma visits occur one ½ day a month
2. Patients are scheduled to arrive 40 minutes prior to provider visit, and are informed of what the visit will entail
3. Patients arrive 40 minutes prior to provider visit and medical assistant rooms patients (height, asthma packet)
4. Asthma educator performs spirometry, takes patient history, completes patient self-assessment form and begins asthma education
5. Provider reviews history, spirometry results, self-assessment survey and prescribes appropriate asthma medication

Clinic B: Asthma Days from Dr. Kurtis Elward's practice in Charlottesville, Virginia

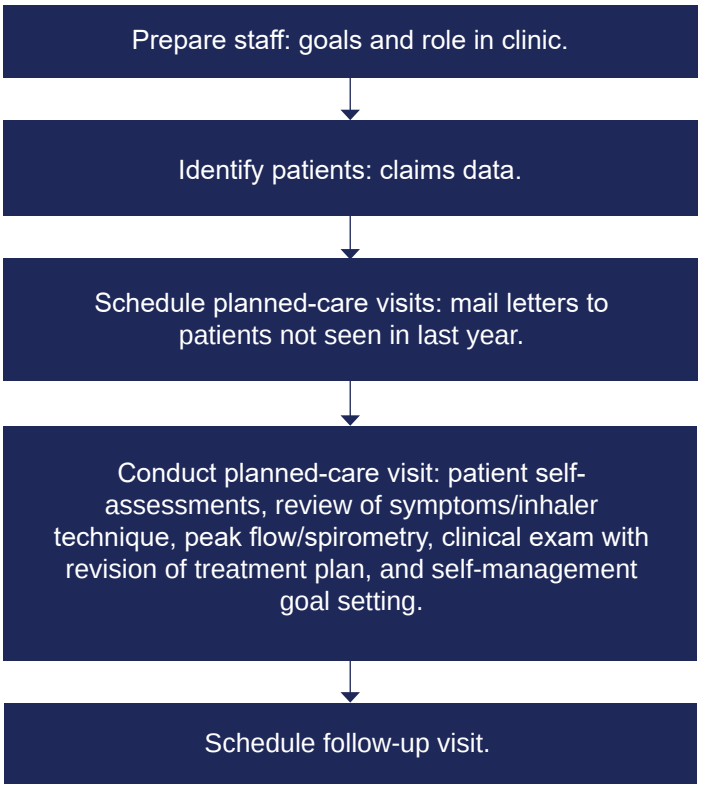
1. Prepared staff: staff education about goals and importance of high-quality asthma care and defining each person's role in Asthma Days
2. Identified patients: using claims data
3. Scheduled planned-care visits: mailed letters to patients not seen within past year; as patients called to make appointment, patients were scheduled into one of six half days set aside for asthma visits
4. Conducted planned-care visits: patient self-assessments, review of symptoms and direct observation of the patient's inhaler technique, objective clinical reassessment by peak flow meter or spirometry, clinical exam and assessment with revision of treatment plan, discussion of goal setting and self-management including the development or review of asthma action plan
5. Scheduled follow-up appointment

Flow Diagram

Clinic A



Clinic B



Implementation Details/Considerations

Outcomes from Asthma Days—severity classification increased from 20% to 90%, use of inhaled corticosteroids increased from 50% to 87%, and number of patients with persistent asthma who had asthma action plans increased from 20% to 80%. Revenue increased for Dr. Elward in one year by nearly $13,000.

Clinic A pathway developed by Smiley's Clinic, Minneapolis Minnesota. Clinic B references: Elward, K. 2004. Asthma Days: An approach to planned asthma care. Family Practice Management. Available at www.aafp.org/fpm/20041000/43asth. Porter, S. 2006. Focused asthma care increases revenue flow, improves treatment. AAFP News Now. Available at www.aafp.org/online/en/home/publications/news/news-now/bottom-line-series/20060414asthmacare. Minneapolis/St. Paul Controlling Asthma in American Cities. Administered by the American Lung Association in Minnesota.